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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check if this ar amended filing

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	Write the name that is on		Marcus	
	your government-issued picture identification (for example, your driver's	First name	First name	
	licen	se or passport).	Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Harvey		
		Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.		other names you have d in the last 8 years		
		de your married or den names.		
3.	youi num Indi	the last 4 digits of Social Security ber or federal vidual Taxpayer tification number	xxx-xx-8007	

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Case number (if known)

Debtor 1 Marcus Harvey

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	4644 S Leamington	If Debtor 2 lives at a different address:			
		Chicago, IL 60638 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
			Number, Street, Oity, State & ZIF Code			
		Cook County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Case 16-04160 Doc 1 Filed 02/10/16 Entered 02/10/16 19:18:57 Desc Main Document Page 3 of 10 Case number (if known) Debtor 1 **Marcus Harvey** Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. Northern District of 3/01/15 15-11106 When Case number District Illinois Northern District of 5/26/14 14-19586 When District illinois Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When District Case number, if known

Do you rent your

residence?

■ No.

Go to line 12.

Debtor

District

☐ Yes.

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

When

Relationship to you

Case number, if known

☐ No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

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Document Page 4 of 10 Case number (if known) Debtor 1 **Marcus Harvey** Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. ■ No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Where is the property?

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Debtor 1 Marcus Harvey

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
 - Incapacity. I have a mental illness or a mental deficiency that make

mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability. My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Der	ivial cus naivey				(II KNOWN)					
Par	6: Answer These Questi	ions for Re	porting Purposes							
16.	What kind of debts do you have?		6a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."							
			☐ No. Go to line 16b.							
			■ Yes. Go to line 17.							
			16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.							
			☐ No. Go to line 16c.							
			☐ Yes. Go to line 17.							
		16c.	State the type of debts you owe that are not consumer debts or business debts							
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. Go to line 18.							
	Do you estimate that after any exempt property is excluded and		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?							
	administrative expenses		□ No							
	are paid that funds will be available for distribution to unsecured creditors?		□ Yes							
18.	How many Creditors do	1 -49		1 ,000-5,000	□ 25,001-50,000					
	you estimate that you owe?	☐ 50-99		☐ 5001-10,000	5 0,001-100,000					
		□ 100-19 □ 200-99		☐ 10,001-25,000	☐ More than100,000					
10	How much do you	_		П ф4 000 004 ф40 III	П ф500 000 004 . ф4 I 'II'					
19.	estimate your assets to	■ \$0 - \$5	0,000 1 - \$100,000	☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion					
	be worth?		01 - \$500,000	□ \$50,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion					
		□ \$500,0	01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion					
20.	How much do you	□ \$0 - \$5	0,000	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion					
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion					
			01 - \$500,000 01 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion					
Par	t7: Sign Below									
For	you	I have exa	mined this petition, and I decla	are under penalty of perjury that the inform	nation provided is true and correct.					
		If I have c United Sta	I am aware that I may proceed, if eligible, ief available under each chapter, and I ch	under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.						
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill document, I have obtained and read the notice required by 11 U.S.C. § 342(b).										
	cified in this petition.									
		bankrupto 1519, and								
		Marcus	us Harvey Harvey of Debtor 1	Signature of Debtor	2					
		Executed	on February 10, 2016	Executed on						
			MM / DD / YYYY	MM	/ DD / YYYY					

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Debtor 1 Marcus Harvey Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

	W Fernandez Attorney for Debtor	Date	February 10, 2016 MM / DD / YYYY
Bennie W Printed name	Fernandez		
Firm name	z & Associates		
108 Madis Oak Park,	~		
Number, Street,	City, State & ZIP Code		
Contact phone	708-386-1812	Email address	bennie161@sbcglobal.net
Bar number & S	rate		<u> </u>

	Cas	e 16-04160	Doc 1	Filed 02/10/16 Document	Entered Page 8 o	02/10/16 19:1 f 10	.8:57 D	esc M	lain
Fill i	n this informa	ation to identify you	ır case:						
Debt	tor 1	Marcus Harvey							
		First Name	Mid	dle Name	Last Name				
Debt (Spou	tor 2 se if, filing)	First Name	Mid	dle Name	Last Name				
	-	ruptcy Court for the	: NORTH	ERN DISTRICT OF ILLI	NOIS				
Case (if kno	e number								if this is an led filing
∩ffi	cial Form	106D							
			: Who F	Have Claims S	Secured	hy Property	,		12/15
<u> </u>	icadic L	o. Creditors	VVIIO	lave Claims	Jecui eu	by 1 Toperty	<i>'</i>		12/13
	ed, copy the Add			people are filing together entries, and attach it to thi					
1. Do	any creditors ha	ive claims secured by	your propert	y?					
[☐ No. Check t	his box and submit t	his form to t	he court with your other	schedules. You	u have nothing else to	o report on thi	s form.	
ı	Yes. Fill in a	all of the information	below.						
Part	1: List All	Secured Claims							
each	claim. If more th		articular claim	secured claim, list the credit , list the other creditors in P o the creditor's name.		Column A Amount of claim Do not deduct the	Column B Value of colla that supports		Column C Unsecured portion
2.1	The Auto W	/arehouse	Describe th	e property that secures th	e claim:	value of collateral. \$9,265.27	claim \$3.00	00.00	If any \$0.00
	Creditor's Name			ysler Pacifica	-	+0,200.2.	Ψο,ο.		
			150K Mil	es					
	3632 N Cice	ero Ave	As of the da	ate you file, the claim is: C	heck all that				
	Suite A Chicago, IL	60641	apply.	•					
		ity, State & Zip Code	☐ Continge☐ Unliquid						
	Number, Street, C	ity, State & Zip Code	Disputed						
Who	owes the debt	? Check one.		ien. Check all that apply.					
■ D	ebtor 1 only		☐ An agree	ement you made (such as m	ortgage or secure	ed			
_	ebtor 2 only		car loar	n)					
\square D	ebtor 1 and Debt	or 2 only	☐ Statutory	/ lien (such as tax lien, mech	nanic's lien)				
☐ At	t least one of the	debtors and another	☐ Judgme	nt lien from a lawsuit					
	heck if this clair community debt		Other (in	cluding a right to offset)					
Date	debt was incurr	ed	Last	4 digits of account number	er				
Add the dollar value of your entries in Column A on this page. Write that number here: \$9,265.27					5.27				
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$9,265.2									
Part	2: List Othe	rs to Be Notified fo	or a Debt Th	at You Already Listed					
to co credi	llect from you fo	or a debt you owe to see debts that you listed mit this page.	omeone else	ut your bankruptcy for a d , list the creditor in Part 1, t the additional creditors h	and then list the	collection agency her	e. Similarly, if y	ou have	more than one

-NONE-

On which line in Part 1 did you enter the creditor?

Last 4 digits of account number

Eagle Accounts Group I 7510 S. Madison Avenue Indianapolis, IN 46227

Global Con 5320 College Blvd. Overland Park, KS 66211

Greater Suburban Accep 1645 Ogden Ave Downers Grove, IL 60515

Il Child 509 South 6th Street Child Support Enfo Springfield, IL 62701

Il Dept Of Healthcare
509 S 6th St
Springfield, IL 62701

Il Dept Of Healthcare
509 S 6th St
Springfield, IL 62701

Il Dept Of Healthcare
509 S 6th St
Springfield, IL 62701

Illinois Tollway P.O. Box 5201 Lisle, IL 60532-5201

Mcsi Inc Po Box 327 Palos Heights, IL 60463

Merrick Bk Pob 9201 Old Bethpage, NY 11804

Stellar Rec

The Auto Warehouse 3632 N Cicero Ave Suite A Chicago, IL 60641

Village of Cicero 4949 W Cermak Road Cicero, IL 60804